SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** 

Washburn, Wi 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Shipp (Receively) . AUG [TUB ----

Date: Permit #: 9.5-13 13-0290 

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Refund:
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Contractor: Address of Property: PROJECT LOCATION 1200 TA Section Agent: ) 43.C 1/4 1/4 1/4 (0/3) 35, Township (Pe Sanc Legal Description: (Use Tax Statement) 8 ひしょう  $\frac{\dot{\mathcal{H}}}{2}$  N, Range Lot(s) PIN: (23 digits)
04- 0人の・ノーイフー Contractor Phone: 64765 Kozeneski, Rd City/State/Zip: Agent Phone: Town of: <u>√</u> & Page Plumber: Agent Mailing Address (include City/State/Zip): 2 -35-20200-1000 Lot(s) No. Holland Ce Block(s) No. Recorded Document: (i.e. Property Ownership)
Volume 222 230 Page(s) 571-334 Subdivision: E 12 NW NW DESE 16 6 54806 Attached Cell Phone: 715.209-0619 Plumber Phone: Written Authorization Acreage

2 /2 of

₩ Non-Shoreland

☐ Shoreland

 $\hfill\Box$  Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

Distance Structure is from Shoreline :

is from Shoreline:

feet

Is Property in Floodplain Zone?

Yes

Are Wetlands
Present?
□ Yes
U-No

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)

Creek or Landward side of Floodplain?

If yes—continue —▶

Proposed Construction:	Existing Structur						30,000	٠		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)			Property	□ Run a Business on :  No Basement	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project (What are you applying for)
	or is relevant to it)			<b>♣</b> Foundation	-₺ No Basement	☐ Basement	□ 2-Story	€ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
Length: 学の	Length:							₽-Year Round	□ Seasonal	Üse
*					None		_ 3	2	<u> </u>	# of bedrooms
Width: 30	Width:	90	Wone	□ Compost Toilet	☐ Portable (w/service con	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: DF ( INV	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: シン	Height:				tract)	Ited (min 200 gallon)	fy Type: DF (IN)	у Туре:		ype of ary System roperty?
*					•	triketo	24	X Well	☐ City	Water

Proposed Use	<-	Proposed Structure	Dimensions	Square
MANAGEMENT		Principal Structure (first structure on property)	( x )	
		Residence (i.e. cabin, hunting shack, etc.)	( x )	
		with Loft	( x )	
Residential Use		with a Porch	( x )	
		with (2 <sup>nd</sup> ) Porch	( x )	
		with a Deck	( x )	
		with (2 <sup>nd</sup> ) Deck	( x )	
Commercial Use		with Attached Garage	( x )	
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( x )	
		Mobile Home (manufactured date)	( x )	
		Addition/Alteration (specify)	( X )	
□ Municipal Use	*	Accessory Building (specify) 63639e	(30 × 40)	1200
		Accessory Building Addition/Alteration (specify)	( x )	
Hec'd for Issuance				
		Special Use: (explain)	( X )	
AT 03 400		Conditional Use: (explain)	~ × ·	
Secretarial Staff		Other: (explain)	~ ×	
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FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing infor with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Deed All Owners letter(s) of authorization must accompany this application) <u>ک</u> ح × (2)

Date

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Attach
Copy of Tax Statement
sed the property send your Recorded Deed

54806 f you recently purcha

Address to send permit

64765

Kozonesk

S

Ashland

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter

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must accompany this application)

		Feet		Setback to Privy (Portable, Composting)
4		Feet	///	Setback to <b>Drain Field</b>
250 Feet	Setback to Well	Feet	135	Setback to Septic Tank or Holding Tank
		55		A STATE OF THE STA
Feet	Elevation of <b>Floodplain</b>	Feet	らより	Setback from the East Lot Line
Feet	Setback from 20% Slope Area	Feet	400	Setback from the West Lot Line
Feet	Setback from Wetland	Feet	345	Setback from the <b>South</b> Lot Line
		Feet	885	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff	Total Control		MARKALL THE PROPERTY MARKALLA
Feet	Setback from the River, Stream, Creek	Feet		Setback from the Established Right-of-Way
Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	Feet		Setback from the Centerline of Platted Road
		2000		
Measurement	Description	lent	Measurement	Description

eyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

y Number: I for Denial: Date: 9.5	# of bedrooms:	Sanitary Date:  Affidavit Required   Yes   You
Is Parcel a Sub-Standard Lot	□ Yes XNo	Affidavit Required Pres ANO Affidavit Attached Pres Paro
Granted by Variance (B.O.A.) Previously Gi □ Yes □ No □ Yes □ No □ Yes □ No	Previously Granted by Variance (B.O.A.)	3
Was Parcel Legally Created <b>Wes □ No</b> Were F Was Proposed Building Site Delineated <b>X Yes □ No</b>	Were Property Lines Represented by Owner Was Property Surveyed	TYPES THE SELLE ON SHE GIVE
Inspection Record: PROPERTY DANSE PRESENT: INTER MITTENT STREAM @ DRIVE FORTHERN - CULUMENT UNDER DRIVE INTERN UNDERSIZER + IMPRESERUE PUNCED: UPBN REGUEST DANSE PRESENT: INTER MITTENT STREAM @ DRIVE PUNCED: UPBN REGUEST DANSE TOWNER FOUNDED TO REPURCE:	DAR TO REPLACE.	Zoning District (な・() Lakes Classification( ソル)
Date of Inspection: 9, 4.13 Inspected by Talory Bores. Mureoff of Condition(s): Town, Committee or Board Conditions Attached? I Yes I No - (If No they need to be attached).	a to be attached.).	Date of Re-Inspection: 🗚
PRESSURIZED NATER UNLESS REBUIRED PERMITS. THE ISSUED. FILL,	PERMITS THE	re streuto By
SHAM NOT BE PURCED IN A WETCHNED UN	1855 PERMIT FRO	TOUR IS INDUSTRE
		S.S. G. Boogle
Hold For Sanitary: Hold For Affidavit:	Hold For Fees:	